

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90461 030 ***150.00

DOCUMENT # P95000050640

1. Entity Name
SC2P, INC.



Principal Place of Business
**311 MASSALINA DRIVE
PANAMA CITY FL 32401
US**

Mailing Address
**311 MASSALINA DRIVE
PANAMA CITY FL 32401
US**



2. Principal Place of Business
3904 RAVEN ST
Suite, Apt. #, etc.

3. Mailing Address
131 GRAND LAGOON SHORES DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY FL

City & State
PANAMA CITY, FL

4. FEI Number **59-3323965**

Applied For
Not Applicable

Zip **32408** Country **USA**

Zip **32408** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSER, CHRISTIANE M
311 MASSALINA DRIVE
PANAMA CITY FL 32401**

Name
STEVE MULLEN
Street Address (P.O. Box Number is Not Acceptable)
131 GRAND LAGOON SHORES DR.
City **PANAMA CITY BCH FL** Zip Code **32408**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, STEVE 131 GRAND LAGOON SHORES DR. PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLEN, PAGE 131 GRAND LAGOON SHORES DR. PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSER, CHRISTIANE M 311 MASSALINA DRIVE PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSER, PAUL J 311 MASSALINA DRIVE PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVE MULLEN** REQUIRED **STEVE MULLEN** March 12, 2003 234-1966 (350)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)